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EDITORIALS

The "Easy Bruiser" and Medical Care Plans

So many statistics have been issued and so much written on the subject of health insurance plans in England, Germany and other faraway places that most of us develop a feeling of quiet desperation when such literature reaches our desks, and treat it accordingly. Statistics can be as dull as invoices, and frequently are. However, taken as individuals, people interest physicians. It is for this very reason that most of us select medicine as a profession.

In light of that interest, what do we know about how our neighbors right here in California react to access to medical care when it is provided on a fixed prepayment basis?

As California Physicians' Service has been in existence since 1939 and now has more than half a million beneficiary members, it can be considered well beyond the pilot plant stage, and its experience therefore representative. One important revelation has been the tremendous increase in the amount of medical care sought by members immediately after they subscribe to the plan. This remarkable rise, it was thought in the early days of C.P.S., would be reversed as soon as new members had had their hernias repaired and their tonsillectomies done. Not so, however, and adjustments in the plan became necessary.

It seems to be human nature to want to get "money's worth" out of anything that is paid for in anticipation of need, and this sometimes means that a few in whom this urge is more than ordinarily aggressive get much more service than others, although all pay equally. In California Physicians' Service (and there is no reason to believe it is different with other plans for anticipating medical care costs) there have been times when a mere 10 per cent of the beneficiaries used a full 40 per cent of the funds paid in by all members. Because such people, aptly designated "easy bruisers," ran to the doctor with all sorts of minor ailments and com-

plaints, only a little more than half the funds remained to care for the other 90 per cent of beneficiary members.

Any plan that makes it easier to call a physician out at night to deliver an aspirin, because it is easier than going to the drug store and costs less, is likely to be abused. As a possible solution to such abuses, the two-visit deductible plan was evolved on the theory that, while an employed patient could pay for the first two visits without hardship, the "easy bruiser" would be given pause and the funds paid in by all beneficiaries thereby protected.

Other beneficiaries who get considerably more than a pro rata share of service are the "thick history" patients. Knowing that the bills are to be paid from funds to which many others as well as they themselves contribute, they go from doctor to doctor, and their diagnoses change with their symptoms.

Some patients seem to believe that the plan owes them much more than a reasonable share. One woman complained bitterly about the three-month limitation of services which is provided in the C.P.S. contract.

A three-month limitation is designed to eliminate inordinate claims by a relatively few individuals upon funds contributed by the entire membership. Patients with long and disabling illnesses, such as tuberculosis and osteomyelitis, who normally are taken care of by public institutions after the original diagnosis is made, are thus likewise eliminated.

In any plan such as that offered by C.P.S., constant vigilance is necessary to prevent some patients (and, we admit with regret, some doctors, too) from taking an unreasonable share of available funds. Fortunately, since C.P.S. is our own plan, we do not have to appeal to politicians or to a government bureau, or even to a private insurance company, to make adjustments that will provide a reasonable balance in the distribution of medical care among the members who have paid for it.